


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90080 009 ****61.25

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DOCUMENT # N00000004506	
1. Entity Name SCRIPT INTERNATIONAL OUTREACH FOUNDATION, INC.	

Principal Place of Business 611 CINDY CT. JACKSONVILLE FL 32259	Mailing Address 611 CINDY CT. JACKSONVILLE FL 32259
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3657255	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON, ROBERT S 611 CINDY CT. JACKSONVILLE FL 32259	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FONTAINE, VICTOR C		NAME	
STREET ADDRESS 899 JEFFERY ST PORTA BELLA E #414		STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33487		CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JACKSON, ROBERT S		NAME	
STREET ADDRESS 611 CINDY COURT		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32259		CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAYE, LAWRENCE B		NAME	
STREET ADDRESS 8060 JAMES ISLAND TRAIL		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL 32256		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUESSLER, ALEX S		NAME	
STREET ADDRESS 100 BLEEKER STREET APT #10C		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10012		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALFARO, RAUL		NAME	
STREET ADDRESS AVENUE INDUSTRIAL 675		STREET ADDRESS	
CITY-ST-ZIP LIMA PERU		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARRANZINI, JAIME		NAME	
STREET ADDRESS C/O IMCA, C PORO APARTADO 171		STREET ADDRESS	
CITY-ST-ZIP SANTO DOMINGO DN DR		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/03 904-230-0094

CR2E037 (4/03)